# The MEDICAL MISSIONARY

*St. Theresa of the Child Jesus,*
*Patroness of Missionaries*

From a photograph in possession of the Society of Catholic Medical Missionaries.

Vol. III OCTOBER, 1929 No. 1

# MISSION CONGRESS IN VIENNA

MSGR. SIBILIA, the Papal Nuncio to Austria, Cardinal Piffl, Archbishop of Vienna, M. Miklas, Chancellor of Austria, and over a thousand delegates from 21 nations attended the International Missionary Congress at the mission house of St. Gabriel, at Mödling, near Vienna, held from August 5th to the 9th.

His Eminence, Cardinal Piffl of Vienna, as President, opened the Congress with an address on "The Catholic Spirit—The Purpose and Aims of the Missions."

Chancellor Miklas expressed the idea that university students have an opportunity to make up by missionary zeal and work for the many injuries done to the Church by students of former generations. The Rector of the University of Vienna, Dr. Th. Innitzer, took as the subject of his speech, "Missions and Revelation," using as his theme "Did Christ will the Mission to the Pagans?" He said that it must be accepted as His Will. In the Old Testament there are already allusions to a general mission activity; for instance, in the Prophets and in many passages of the Psalms. In the New Testament we find it throughout: In the canticle of Zachary, in the visit of the Three Wise Men, in the Sermon on the Mount, with its world-wide spirit, in the parables which transcend the limits of Judaism, in the choice of the Apostles and Disciples, whom Our Lord destined to be the salt and light of the earth, and, finally, in the direct command of Our Lord to teach all nations and to baptize them. The life of Our Lord was too short to go beyond Palestine. His Disciples understood His intention and were filled with a burning zeal carrying the Gospel to other parts of the world. Finally, the Apocalypse gives a glance into the future, the time when the Gospel will be preached to every creature.

Dr. Schmidlin, of the Mission University of Münster, dealt, in his paper entitled "Missions and World History," with the various orders and nationalities in the mission fields. The Benedictines, he says, show a preference for a strictly monastic community life and have had a great civilizing influence; the Mendicant Orders—the Franciscans and Dominicans—were freer to move about and were filled with an idealism and a spirit of sacrifice which frequently found their expression in a desire for martyrdom. The Jesuit missions brought strict organization, and, above all, an extraordinary accommodation to the people among whom they labored. Of the organizations of the secular priests he mentions as the foremost the Paris Foreign Mission Society, founded in the 17th century, one of whose special achievements was, and is, the fostering of an indigenous clergy. Of the national characteristics, he mentions the Spanish deeply religious spirit of conquest, the Italian with its fiery enthusiasm, the French with its tendency to heroism and idealism, the hardy and thorough German, and the English and American who put their talent for organization and powerful propaganda into mission activity.

Msgr. Seipel spoke on "Missions and World Politics," and emphasized that the command of Our Lord was not of political, but spiritual, importance, and that the missionaries are not sent to the rulers of nations as such, but to individual souls. The command to spread the Gospel was transmitted from the Apostles to their successors and to all Christians. Msgr. Seipel remarked that the missionary will only gain the confidence of the people if he comes as the ambassador of the Church and not of a worldly power, and that the ideal of every mission should be to foster an indigenous clergy and to make the mission independent as soon as possible.

Dr. Steffes gave a colorful conference on the "Religious Suppositions for the Social Lives of Peoples," and the paper of Dr. Schmidt, the famous anthropologist, was on "Missions and Peoples." Dr. Zacharias, from Bombay, spoke on "Family and Caste."

The most current topic, "Missions and Industrialization," was dealt with by Dr. Thauren. We hope to have space to say more about it and Dr. Schmidt's paper in the next issue.

The following resolutions were taken at the Congress:

1. To adopt an attitude of brotherly love towards the Asiatic students in our universities.

2. To form local groups to study and help medical, technical and economic mission problems.

3. Energetic help in the foundation of Catholic universities in foreign mission countries.

4. The foundation of chairs of mission science in our universities.

5. More help for the education of native clergy.

6. Fostering the personal cooperation of doctors and economists in the mission field.

7. Study of the social and religious conditions of pagan peoples, as an important preparation for missionary work.

8. The modern social development in mission countries to be made more known in the daily press.

9. The organization of local study groups for teachers.

10. A greater emphasis of the mission idea in the schools directed by Sisters.

11. The Congress considers it most important that organizations of students in different countries be in closer touch for the purpose of international cooperation.

—SCHÖNERE ZUKUNFT.

# The MEDICAL MISSIONARY

Published with ecclesiastical approbation ten times a year by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription, $1 per year.
Editor: Dr. Anna Dengel

"Entered as second-class matter September 11, 1928, at the post office at Washington, D. C., under the Act of March 3, 1879."


## EDITORIALS

### THE VOCATION OF ST. THERESA OF THE CHILD JESUS

On September 30, it will be 32 years since St. Theresa of the Child Jesus surrendered her ardent soul to God. The anniversary is to be marked at Lisieux by the laying of the corner stone of the new Basilica of St. Theresa. It will also form the climax of a two weeks' missionary celebration, a feature of which will be the presence of the French Traveling Mission Exhibition. This consists of 25 sections of three dimension exhibits and specimens from mission fields throughout the world. It moves from place to place, a hall being engaged for it in each center and its visit being the occasion for a local demonstration in favor of the missions. Since Our Holy Father, the Pope of the Missions, declared St. Theresa as Patroness of Missionaries, it is not surprising that she is holily exploited, so to say, by the missionaries on every occasion.

We are accustomed to think of St. Francis Xavier, the Apostle of the Indies, as the great patron of the missionaries, who with his own hands baptized thousands, who spent days teaching and preaching, and nights in hospital wards to be near the sick to console and minister to them at a moment's notice, who, exhausted by travels and toil and desires, died forsaken on a lonely island after 10 years of work. Having tasted most of the joys and sorrows of missionary life and being a great Saint, what was more logical than that he should become the model and patron of missionaries? But it is a long time since his death and one may wonder that he was the only one for centuries to bear this glorious title.

And there in our life time comes a hidden soul —her mortal frame stricken with that dread disease—the white plague—uttering with her dying lips: "Oh . . . I love Him! My God, I . . . love . . . Thee!" who takes the world by storm and is assigned as her heavenly vocation to be the Patroness of Missionaries. How can we explain it? What was her vocation on earth? She tells us herself: "Oh, Jesus, my Love, my vocation is found at last—my vocation is love.

"As I meditated on the mystical Body of Holy Church, I could not recognize myself among any of its members described by St. Paul, or was it not rather that I wished to recognize myself in all? Charity gave me the key to *my vocation.* I understood that since the Church is a body composed of different members, she could not lack the most necessary and most nobly endowed of all the bodily organs. I understood, therefore, that the Church has a *heart*—and a heart on fire with love. I saw, too, that love alone imparts life to all the members, so that should love ever fail, apostles would no longer preach the Gospel and martyrs would refuse to shed their blood. Finally, I realized that love includes every vocation; that love is all things; that love is eternal, reaching down through the ages and stretching to the uttermost limits of earth."

Now we understand her mission. But for that fire in the hearts of missionaries, all would be dead. Who would exchange a life of honor and ease for one of humble toil and hardships? Who would beg? Who would stand separation from one's own, a trying climate and fevers, the companionship of strangers, often ignorant and superstitious, but for that spark of love and hope? And the thousands of missionaries, men and women, do they not need powerful advocates in their needs of soul and body and work? Does it not seem a special dispensation of Providence that in our day and age, when the East, with the awakening of its womanhood, promises to turn over a new leaf, and when Catholic women are needed in the missions as never before, to put their inherent genius for love in the service of the Master, that a woman should be placed on the altars as a model and an intercessor! We must thank the Holy Ghost for having inspired the Holy Father with this thought. If our field of labor is not as large as we would wish it to be, can we not learn from St. Theresa how to make it as big as the world?

After praying successfully for the conversion of a criminal, her "first-born," as she calls him, she says: ". . . in a short while God in His goodness had lifted me out of the narrow sphere in which I lived and the great step was taken . . ." By that she meant that her desires knew no more limits.

It sounds easy to imitate, but desires are consuming and crave for action.

# THE WORK OF MEDICAL WOMEN IN INDIA

THE *Oxford University Press* recently published a volume entitled "The Work of Medical Women in India." In her foreword, Dame Mary Scharlieb, D.B.E., J.P., M.D., M.S., the most well known English women physician and surgeon, who herself took a leading part in medical progress in India, says that the authors (Margaret I. Balfour, C.B.E., M.B., C.M., late chief medical officer, Women's Medical Service, India, and Ruth Young, M.B.E., B.Sc., M.B., Ch.B.), are ladies exceptionally well qualified for their task, for they themselves are doctors who have worked long and enthusiastically in the endeavor to bring medical aid to the women of India. In order to make the particular need for and value of women doctors in India clear, even to those who have never been in India, the writers depict briefly in the opening chapter the field of work, dealing with the lives and the status of the women and the land in which they live.

In India, there are more women than people in the United States—about 160 millions of them. Religion is the dominant factor in dividing them into classes—Hindus, Mohammedans, Parsis, Christians, Jews, Sikhs, Jains, animistic tribes, and each of these is divided again into several sects.

Most of these religions being socio-religious systems, the lives of the women are closely regulated by them. The Hindus for instance, are bound by strict caste rules; child marriage still prevails, but public opinion against it is daily increasing among the Indians themselves. A Hindu practice which brings great hardships to many girls is that of unequal marriages, when a young girl of 15 may be married to a man of 60, almost inevitably to become a widow in a few years and then exposed to the harsh treatment meted out to Hindu widows. Hindu women are not allowed to remarry, but men are. Childless wives, when poor, are often turned out to earn their own living as best they can, or to return to their relatives— or in the case of the well-to-do, another woman is added to the household. Marriage ceremonies are expensive and in some castes the father must give a marriage dowry to his daughter. It is for such reasons that girl babies are unwelcome and in former days female infanticide was not uncommon. In some castes, the dowry comes from the husband's side. In these castes the position of women is much better.

The purdah system affects women powerfully and prejudicially. It became established in India after the first Mahommedan invasion in the eleventh century, partly as one of the recognized principles of the Mohammedan religion and partly to protect the women of the country against the invaders, for which reason it was adopted by many Hindus also. Under its laws, a woman may not be seen by any men other than her nearest relatives. It leads to close confinement of the women and to their living in limited quarters—often with no windows at all, or windows so high, that nobody can look in or out. Better class houses have a special purdah courtyard, and in some cases beautiful gardens.

Children are not kept in purdah and are in this way, to a great extent, withdrawn from the mother's control. During ill-health, if women doctors are not available, the purdah women can not get proper advice on account of the seclusion and the habits of life. Motherhood is attended with great hardships and dangers.

Purdah, the authors say, is only observed among a small section of the people. (It would be interesting to know how *big* this *small* section is.) Among the wealthy, the well-to-do and the middle classes, purdah is decreasing and is less rigid than formerly. In many families, mothers are allowed to see men doctors now.

Purdah is common among Mohamedans in all parts of the country; it is less common among Hindus—and in some parts of India such as Madras, Bombay, it is not observed by Hindus at all. It is never observed by Christians, Parsis or Jews and rarely by the Sikhs.

The greatest handicap to the advancement of Indian women is the lack of education. At the time of the last census in 1921, only 2.1 per cent of the female population could read or write.

The authors of the book state that medical women see most of the dark side of Indian life. They are brought oftenest in contact with the purdah woman in case of sickness, the unfortunate child wife, and the unwanted girl baby. They see less of the numberless homes where the wife and mother is happy in her husband and children, interested in her house, enjoying the many feasts and holidays, and having no wish for any life different from that which she leads. The Indian woman is not, as many people think, groaning for release from purdah or pining for the blessings of education. But for exceptional circumstances she is happy as she is, and the reason for pressing reform and education is not so much the happiness of the individuals, but the improvement of the whole standard of Indian life by enabling women's influence to permeate society.

In the cities conditions have improved very much within the last 50 years. There are everywhere cosmopolitan society women, keen politicians, social workers, doctors, teachers and girl students. But there are few indeed of the new order compared with the millions of the old order and they are scarcely to be found outside the large cities.

The most thrilling chapter of the book deals with the medical women pioneers. Only in the middle of the nineteenth century do we hear of a special effort being made to bring medical relief to the women of India. Why so late, the reader will naturally ask. The reason partly lies in the fact, that Indian men are unwilling to speak to strangers about their domestic affairs and partly that there was a widespread chain of indigenous relief in the hereditary dai (native nurse) class which 70 years ago was probably fully trusted by the people. How, then, did medical relief for women along modern lines come to India? It was a natural outcome of what the Zenana missionaries saw in different parts of the country (missionaries who instructed the secluded women in their homes and harems): their pupils dying as young mothers, the beloved babies snatched away by dysentery, untreated because they could not take them to a male doctor, chronic and fatal diseases unrelieved and when advised to go to a hospital, holding up their hands in horror at the idea of consulting a man. The women missionaries, realizing this, often spent their precious furloughs at home gathering medical knowledge as best they could. Unfortunately, in the 60's and 70's there were not many facilities for giving medical education to women. The honor of sending the first qualified medical woman to India belongs to America. Dr. Clara Swain (Penn) left New York on November 8, 1869, and arrived in Bareilly in the United Provinces on January 2, 1870. Dr. Swain was attached to the Women's Foreign Missionary Society of the Methodist Episcopal Church. She at once began the training of a few native orphans in medicine, nursing and compounding. Her patients soon were numerous. Under her leadership, a hospital and dispensary for women and children were built. After many years of valuable work in India, she returned to Castile, N. Y., and died there in 1910 at the age of 76.

Sarah C. Seward, M.D., was sent out by the American Presbyterian Foreign Mission Society in Allahabad in 1871. She died of cholera 20 years later.

Sarah Norris, M.D., arrived in India in 1873, sent by the Women's Board of Missions of the American Congregational Church.

Fanny Butler, M.D., was the first qualified medical woman from England to go to India. She left for Kashmir in 1880 under the auspices of the Church of England Zenana Missionary Society.

Dr. Rose Greenfield came to Ludhiana (Punjab) in

1875, under the Society for Female Education in the East. The same year Miss Elizabeth Bielby sailed for India. In telling her experiences she says: "It is very difficult to describe the state of things that I found in Lucknow—and how hopeless everything seemed to be . . . I am writing of more than 50 years ago—the people were far more ignorant, superstitious and prejudiced than they are now. Female education was then nil, except for what the zenana missionaries gave. It ought never to be forgotten that it was these ladies who first brought education to the purdah women of India."

In the year 1881 it became known to the Maharajah of Punna that Miss Bielby was carrying on her work as a Zenana Medical Missionary in the city of Lucknow. He asked her to visit his wife and she at once undertook the journey. Happily her medical knowledge, skilfully applied, effected a complete recovery. Miss Bielby, having resolved to return to England to take a degree in a regular college, went on the morning of her departure to say farewell to the Maharani. "You are going to England," said the royal lady, "I want you to tell the Queen and the Prince and Princess of Wales, the men and women of England, what the women of India suffer when they are sick." She then gave charge that Miss Bielby herself was to convey the message to the Queen. She asked her to write it down. "Write it small, Doctor Miss Sahib," she said, "for I want you to put it into a locket, and you are to wear this locket around your neck till you see our Great Queen and give it to her yourself. You are not to send it through another." Miss Bielby duly reached England when the Queen, hearing of the message, sent for her and graciously admitted her to a personal interview. To what Miss Bielby said of the condition of suffering Indian women Her Majesty listened with much interest, asking many questions and showing the deepest sympathy. The locket with its writing was given to the Queen, and Her Majesty entrusted Miss Bielby with a kind and suitable reply, adding, "We had no idea it was as bad as this. Something must be done for the poor creatures. We wish it generally known that we sympathize with every effort made to relieve the suffering of the women of India."

Having obtained her medical degree, Dr. Bielby went to Lahore, Punjab, and was in charge of the Aitchison Hospital for 15 years. Dr. Bielby also took charge, for a time, of St. Catherine's Hospital, founded by Dr. McLaren in Rawalpindi in 1910, and later carried on private practice in Lahore. She retired in 1927, after 52 years of work among the women of India.

The first Indian lady to study medicine was Mrs. Anandibai Joshi. She herself was married when 9 years old and became a mother when 13. Her child died and she determined to devote her life to the medical aid of her countrywomen. She graduated in 1886 from the Women's Medical College, Pennsylvania, but, unfortunately contracted tuberculosis during her student years and died in 1887.

SOME OF THE PIONEERS

**Above: Mrs. Pechey Phipson, M. D., graduated 1877, died 1908; Miss E. Bielby, M. D., graduated 1885, died 1929. In the center: Miss Clara Swain, M. D., graduated 1869, died 1910. Below: Miss A. Jaganadhan, L. R. C. P. & S. E., graduated 1890, died 1894; Miss Rukhmabai, L. R. C. P. & S. E., graduated 1895.**

The same sad fate befell Miss Annie Jaganadhan. After having begun her studies in Madras, she went to Scotland, where she took her degree in 1892. She died in 1894. Rukhmabai took her degree in Scotland in 1895. She is still working as medical officer in charge of the Zenana State Hospital in Rajkot, India.

Since the days of the pioneers, things have changed very much. Now the medical woman comes to take charge of an organized hospital with full beds, trained staff, competent assistants, and usually excellent operating rooms, instruments and medicines. We must add that this applies to government and Protestant Mission hospitals—with us Catholics pioneer conditions still prevail to a great extent.

In the early days the woman doctor was alone, usually without an assistant, or one who had to be handled delicately, as she could not be replaced. There were no Indian nurses—the doctors had to raise the salary of a nurse and then find one who was willing to devote herself to train Indian girl. If she could not find one, she had to do the work herself; she was her own anaesthetist and her own compounder.

The pioneers were women of strong minds and sympathetic hearts, and not discouraged by slow progress and apparent apathy. We hope to give in a later issue an account of the fruit which their labors have borne.

—A. D.

---

**The hardship of the missionary life is a great help to holiness.** (One among the 13 reasons why Father William Doyle, S.J., wanted to volunteer for the Congo.)

# THE SOCIETY AT HOME AND ABROAD

THE holidays at the Catholic Medical Mission House have passed all too rapidly. Even these are busy days and time never hangs heavy on our hands. Occasional trips to the beach and places of interest in the neighborhood, pleasant afternoons in the woods, reading and studying occupied leisure hours. The holidays were extended to avail of the kind invitation of Rev. Father McAdams to spend a week at North Beach. We were most fortunate in weather and surroundings and enjoyed to the full the days of bright sunshine spent at the very water's edge. All the members have much benefited by the change and have resumed their studies refreshed in mind and spirit.

Some of the classes are already in full swing and the rival beauties of Hindustani and Bengali are being debated.

While this issue is in press, the members will be making their annual retreat under the direction of Father John Delauney. Our friends and benefactors will be remembered in our prayers.

# NEWS FROM OUR MISSIONARIES

DR. LYONS writes on August 15: "All well here. Work about as usual.

"One of our Indian nurses was baptized yesterday—Miriam Agnes—and made her first Holy Communion today. She was converted before she came to us, about three months ago, but her baptism was delayed. Also today the three nurses and a few young girls of the parish make a beginning towards a sodality with weekly meetings and instruction by a priest."

---

Sister Agnes Marie writes in August: "The monsoon is in full swing now and we are nearly drowned. It is marvelously cool, however, most of the time. If we don't have rain for a day, it gets hot and heavy.

"The Medical Mission Board is still sending us many useful articles such as drugs, gauze, instruments, etc. They, of course, are a tremendous help because always needed and it saves us buying them.

"Among our patients we had recently a poor village woman with a broken back. She was paralyzed, of course, and needed a lot of care. One day Dr. Lyons told the husband to go to the British Station Hospital to arrange for an X-ray of the patient and to order an ambulance to take her. The time for leaving was set for 9 a. m. At 8.30 a. m. I went to give her a final brush-up and to send a pupil nurse over with her, only to find the bed empty. She returned after two hours. We had not seen or heard the ambulance and when we asked the husband, he said: 'Oh we carried her out and took her in a tonga!' Only those who have lived in India know what a jiggly thing a tonga is and she had to be held upright in it! Then she got five or six small carbuncles in the paralyzed region. How we worked to get them healed up. They just began to improve when a wire came that her father-in-law had died far off in some village. Hindu religion demands that all the relatives be present. They said they positively could not burn him without her presence. The ceremonies were to be over in 13 days and then she would return. The X-ray showed fracture in two places, but off she was dragged in a tonga and then in a truck, broken back, paralysis, carbuncles and all! We used to be very much worried about such things, but the only thing is to take Kipling's advice:

"Now it is not good for the Christian's health
to hustle the Aryan brown,
For the Christian riles and the Aryan smiles and
it weareth the Christian down;
And the end of the fight is a tombstone white,
with the name of the late deceased,
And the epitaph drear 'A fool lies here who tried
to hustle the East.'"

---

Address of our Missionaries in India:
HOLY FAMILY HOSPITAL, MURREE ROAD,
RAWALPINDI, PUNJAB

**SISTER MARY LAETITIA, R. N.,**
**with a group of convalescents in our hospital**

# MEDICAL MISSION NOTES

## MEDICAL MISSION DAY

A FEW YEARS ago the Medical Mission Board in New York had the happy thought of instituting October 18, the Feast of St. Luke, as Medical Mission Day—a day on which to think specially of suffering mankind in those mission countries where the advantages of modern medical aid are available to comparatively few, and where suffering and disease are more common than in western countries, on account of poverty, ignorance and superstitious practices. Realizing conditions, we can not help but be convinced that as Catholics, Christian charity demands from us that we do what lies in our power to heal, to alleviate, to prevent and to sympathize. This service of love for the love of God must bear fruit, both for the giver and for the receiver. Only comparatively few can give their all, their life, their freedom, their profession, and go into a far-away country among strangers, but the few who go are the dispensers, so to say, of the gifts and sacrifices of those who stay at home.

The Medical Mission Board is desirous of providing as many missions as possible with medical kits. The price of a complete kit is $25. Donations towards a kit may be sent directly to THE MEDICAL MISSION BOARD, 25 W. Broadway, New York City; or, if sent to us, we will gladly forward it to the Board.

---

## NIGERIA'S LOSS

The news of the death on August 3 of Bishop Ferdinand Terrien, Vicar Apostolic of Benin, Nigeria, brought real sorrow to our Society. The Rt. Rev. Bishop was interested in our Society and asked us to undertake a hospital in his Vicariate. We would have liked to comply with his request at once, but owing to our youth and the consequent fewness of vocations, we had to delay.

When the Bishop undertook the Vicariate in 1912, it counted then 6,000 Catholics, 25 catechists and 2,500 pupils in the mission schools. At his death there were 25,805 Catholics, 295 catechists and 6,842 pupils in the mission schools. This must have been consoling to the Bishop—but must have meant a great deal of labor and care. This heroic pioneer missionary prelate died on the boat on his way to France, where he hoped to recuperate his health. He was buried in his native village.

We hope that the Bishop will help us to carry out his wish from his heavenly home.—R. I. P.

## THE KANSU MISSION IN CHINA

The Kansu Mission in China has been sorely tried. Last year the fanatic uprising of the Mohammedans claimed more than 200,000 victims. The spread of famine and brigandage has brought death to one million more, so that exasperated natives have even taken to cannibalism. The Capuchin Fathers are daily feeding 10,000 famine-sticken people. This spring an additional trial followed in the trail of misery and famine—an epidemic of typhus—which claimed the lives of many natives and that of seven missionaries, three of whom, two priests and one brother, died within the space of four days. Among those who succumbed were also two Sisters, another Brother and the wife of Dr. Drexler, of the Medical Mission Institute of Würzburg, Germany. Mrs. Drexler died previous to Dr. Drexler's attack, from which he recovered. Our heartfelt sympathy goes to all the members of the Kansu Mission!

---

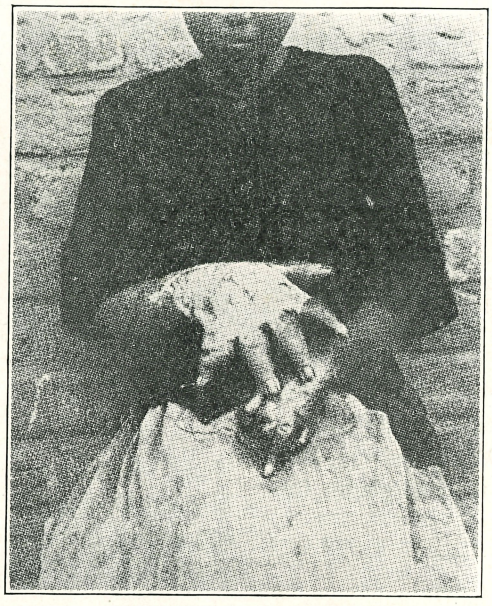
## JOTTINGS FROM A CATHOLIC MISSION DOCTOR

MARIANNHILL, NATAL,
SOUTH AFRICA.

Dr. McMurtrie, of the Mariannhill Mission in Natal, gives expression in his last "Jottings of a Mission Doctor," of what seems to be a common experience in most mission fields. "It is a very great difficulty to get natives to pay any attention to the laws of hygiene," he says. "They have a tremendously exaggerated idea of the powers of medicine and think that by much drinking of medicine they will keep healthy without bothering to pay any attention to irksome rules about the ventilation, etc., of dwellings, personal cleanliness, etc., etc. The chief scourge among them is tuberculosis, and medicines have extremely little effect in preventing or controlling this disease, whereas the adoption of a hygienic mode of life is of supreme importance. Still they go on with their unshaken faith in medicine and their contempt of hygienic rules. When they see that medicine has not helped them, they are convinced that this is only because the medicine was not strong enough—next time they must go to a different doctor whose medicines will perhaps be stronger! We have to keep on trying to hammer into them more reasonable ideas about health and sickness, but it will no doubt take many generations to really convince them of the truth in this matter."

# NOT FORCE, BUT HER OWN FREE WILL

DR. HANS PATTIS, a Tyrolese by birth, in the Yearbook of the Medical Mission Institute of Wurzburg, gives the following account of his first operation in his new field of labor—Trias Hill, Rhodesia, S. A.: "Among my first patients, there was a poor epileptic woman who had been deserted by her husband on account of her infirmity. In her misery, she finally fled to the mission. In an attack she fell into the fire and burned both hands very badly. On a former occasion she had burned her feet, but they had healed well. But now her right hand was in a terrible state, the fingers badly swollen, the hand and the whole forearm one big wound, so deep that the bones could be seen.



SEVERELY BURNT HANDS

"The poor woman was, of course, in great pain. Sister dressed her every day and also explained that an operation would help her to get rid of the pain. Like most natives, she did not want to hear anything about an operation. She even went to the priests and told them of her fear that her arm would be amputated against her will. On hearing this, I said that I would only perform the operation if she came to ask me to do it and if she paid a shilling (20c). The consequence was, that she ran around the whole station to try to borrow a shilling. At last Sister took pity on her and gave her the shilling which she then presented to me solemnly.

"Now there was no reason to delay. Sister gave the anaesthetic. The colored assistant held her hand, but looked away instead of turning the hand where I just wanted it. Energetic advice helped, however. Further difficulties arose when it came to the stopping of the bleeding; at first she could not manage to open the haemostats. However, I marvelled secretly that Birtu (that is my assistant's name) did so well. It was a great achievement for her, as the negroes avoid touching anybody who is sick and have such a horror of blood and wounds. It is a sign all the same, that Christianity changes the natives. Although not one among hundreds of pagan girls could have been induced to help, this Christian girl overcame herself to be a Good Samaritan to the poor deserted woman."

## NEW MISSIONARY ORDER IN AUSTRALIA

### Priests and Nuns to Work in Philippines

**Melbourne.** — The missionaries of the Most Holy Eucharist (M. SS. E.), a religious order newly formed for work in the Philippines, have secured provisional approbation from Rome, and on the invitation of Archbishop Duhig have established themselves in the Brisbane diocese.

The order's founder is Fr. Walter S. Cain, who, after several years of missionary work in the Philippines, saw the need of a more intense campaign among English-speaking Catholics for support of the Church in the Islands.

It is proposed to set up a seminary for clergy; a novitiate for nuns is already in existence. A monthly magazine called "Filipinas," is edited by Fr. Cain, and circulates widely in Australia and the U. S. A.

## SUGGESTIONS FOR MEDICAL MISSION DAY, OCTOBER 18

*The Feast of St. Luke, Evangelist and Physician*

Pray for those engaged in the care of the sick in foreign mission countries and for the sick there, that their suffering may be relieved and that the Charity of Christ may touch their hearts.

Make a personal sacrifice to be able to help to bring medical relief to some suffering person in the missions.

Find ways and means—two heads are better than one. Organizing Medical Mission circles would go a long way toward solving problems.

Spread the Medical Mission idea by promoting "The Medical Missionary." Address: Brookland, Washington, D. C., U. S. A.